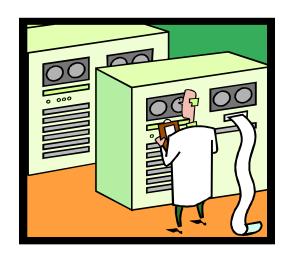


Data Driven Decision Making





Outline

- Information Needs
- Tools
 - -M2
 - CDIS
 - MCFAS
 - RM Websites





Key business programs being implemented in the MHS:

- Next Generation of TRICARE Contracts
- Business Plans
- Output Driven Resource Allocation (ODRA)



Next Generation Contracts



- Revised Financing
- MTFs "at risk" for purchased care for their enrollees
- MTFs pay monthly invoices to MCS Contractors



• Business Plans



- MTFs project workload and enrollment
- Business plans are "valued"
- Performance is monitored against projections



• ODRA



- Prospective Payment, based on enrollment
- MTFs pay bills for care provided to their enrollees,
 regardless of point of service
- MTFs receive fee for service payments for care they provide for anyone else



- Basic business questions to be centered around enrollment
 - Who is enrolled? Who isn't who should be?
 - How much does it cost to care for an enrollee?
 - What services should I provide to enrollees? What should I buy?
 - Who should I buy from?
 - Are the invoices I am receiving correct?



• Mix of patients in an MTF is important.



- Understanding of costs to provide and purchase services is also important
 - Market area planning/management.
 - MTFs need to access local pricing information
 - Care downtown, care at other MTFs (eventually).



Information Overload





Basic Data Flows

Operational Systems

- Core business systems, data capture
- Real time, system downtime highly undesirable
- Data Extracts provided to other systems, in lieu of massive "in place" querying.

• Notes:

- Operational Systems are not generally used by "corporate" for decision-making
- Key strength is in real-time availability of data
- Weakness is in scope of data



- Key Operational Systems:
 - DEERS: Eligibility and Enrollment
 - CHCS/ADM: MTF operations
 - TMA-A: TRICARE Claims (downtown care)
 - PDTS: Rx Records
- Operational Systems provide routine extracts to "end user systems" (generally through a corporate data warehouse)



Systems

- Advantages of using "end user applications" for data access:
 - Removes burden of excessive querying on operational systems
 - Can receive data from numerous sources, allows for a more holistic view of business
- Disadvantage:
 - Not generally real time.



End User Systems



- Buzzword: Data Mart
- Data Marts contain data from operational systems (local and central)
- Systems where users access data
 - Canned Reports
 - Files, where users write customized queries
- MHS has both types of data marts





Data Marts

- Three important data marts:
 - MHS Mart (M2): All purpose data mart; decision support
 - Care Detail Information System (CDIS): Claims history system. Meant for tracking individual claims
 - Managed Care Forecasting and Analysis System (MCFAS): Population projections and enrollment forecasting tool



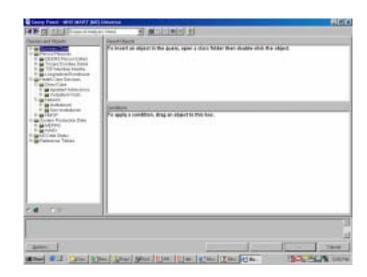
M2: General "Data Mart"

- One stop shop for most management decision making needs
- Contains data from many key systems
 - MTFs
 - DEERS
 - TMA-Aurora
 - PDTS
 - Functional Proponents





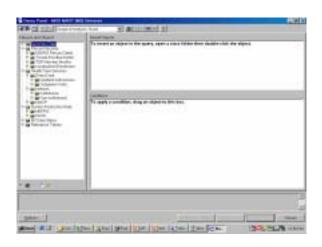
- M2: General "Data Mart"
 - Worldwide data about DHP funded healthcare
 - Enhanced content (lots of data not available locally)
 - Monthly updates primarily, some are weekly
 - Easy to operate software
 - Ad-hoc report building
 - Standard Reports

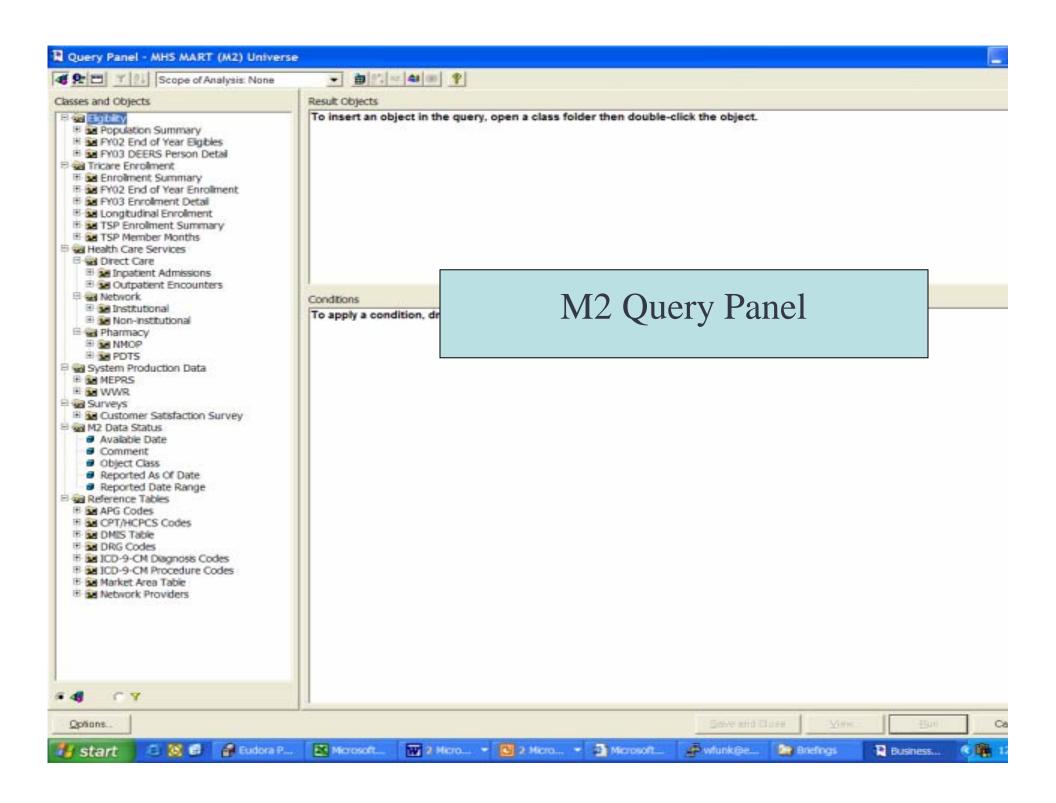




M2: General "Data Mart"

- M2 contains data files, organized into directories
- Data Dictionary:
 - Excel, one tab per file
 - Definitions
 - List of valid values
- Data Status Table:
 - Table in M2
 - Describes timing of files available in the system
 - Lists known data quality problems for each file







- Users build reports in M2 by:
 - Opening up a query panel
 - Selecting data elements to return in the report
 - Constructing "filters"
 - Trick is to choose the right files and filters!





M2 Standard Reports

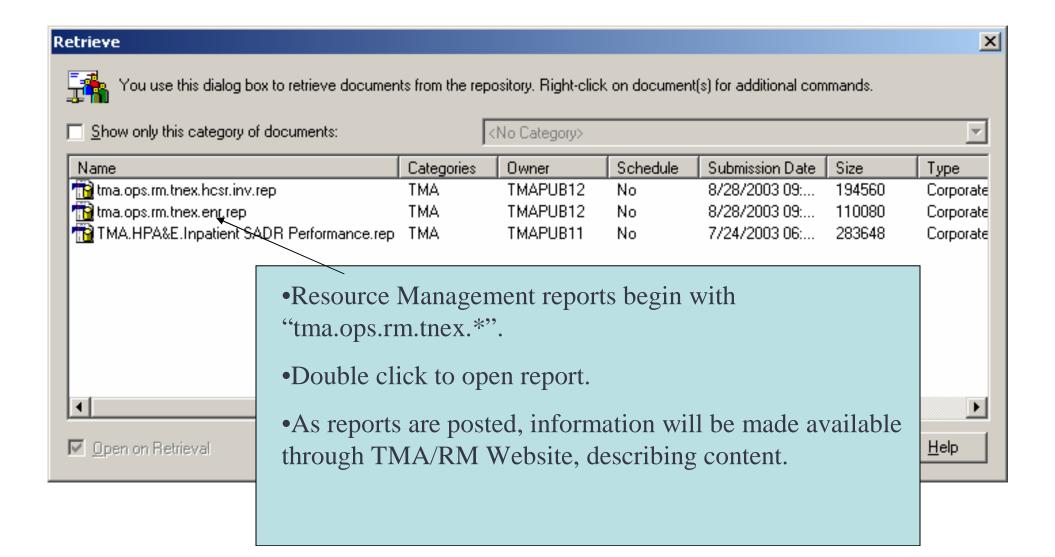
- Major organizations can name "report writers"
- HA, TMA, Lead Agent/TRO, Services
- Report writers "post" reports on M2

 Users can view, run and modify reports to suit their needs.

**TMA will be posting standard reports
to assist with managing under the new contracts



Standard Reports





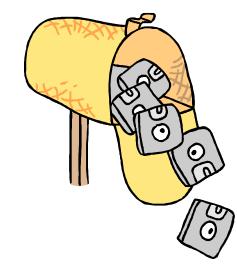
• WISDOM:

- Week Long Course
- M2, MHS Data
- Decision Making
- Detailed instruction
- Bi-monthly, SATX and DC





- Eligibility
- Enrollment
- Health Care Services
- PDTS
- Data Status





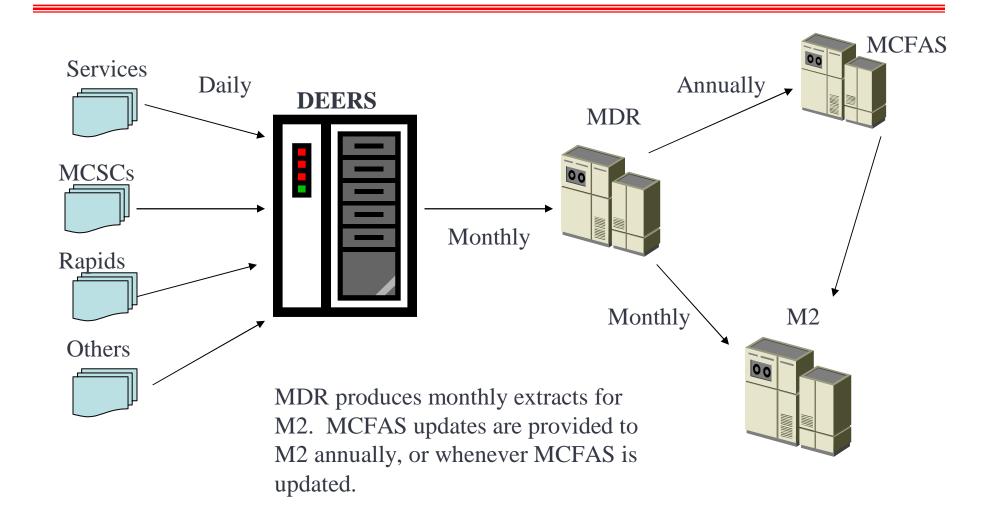


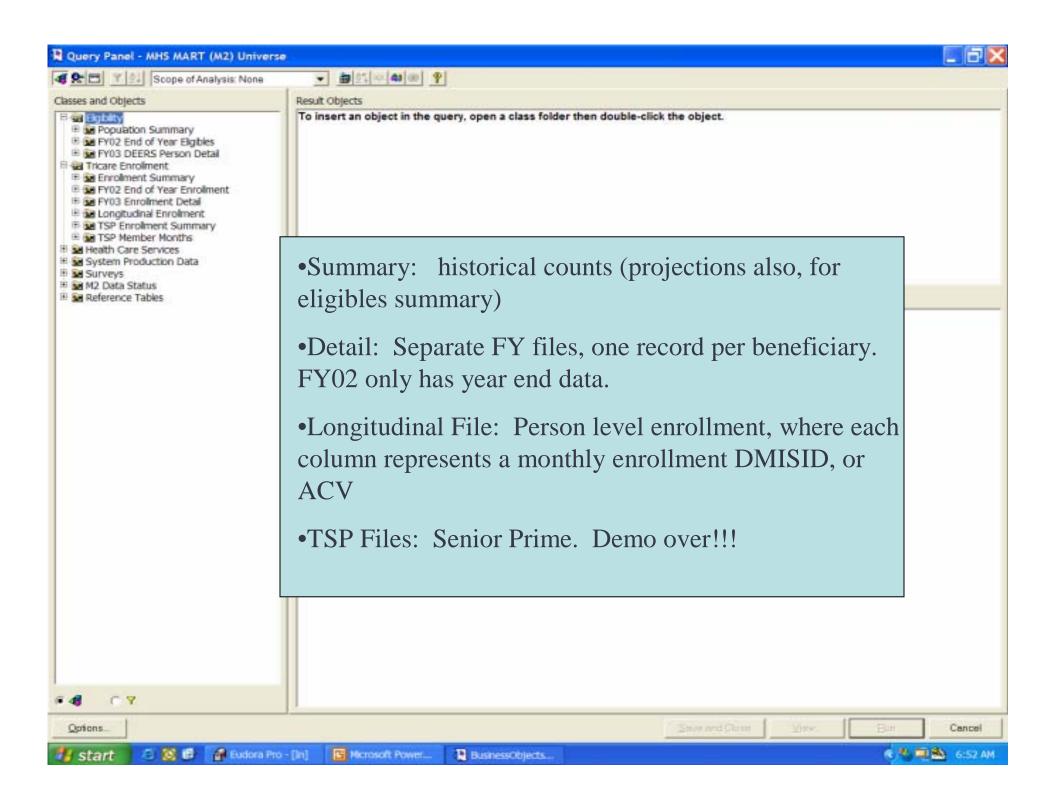
DEERS

- Source for eligibility and enrollment files is DEERS
 - Numbers in DEERS change minute to minute
 - DEERS sends a snapshot, depicting beneficiary status at a "point in time"
 - The year/month in the data files represent the "point in time"



DEERS Data Flow

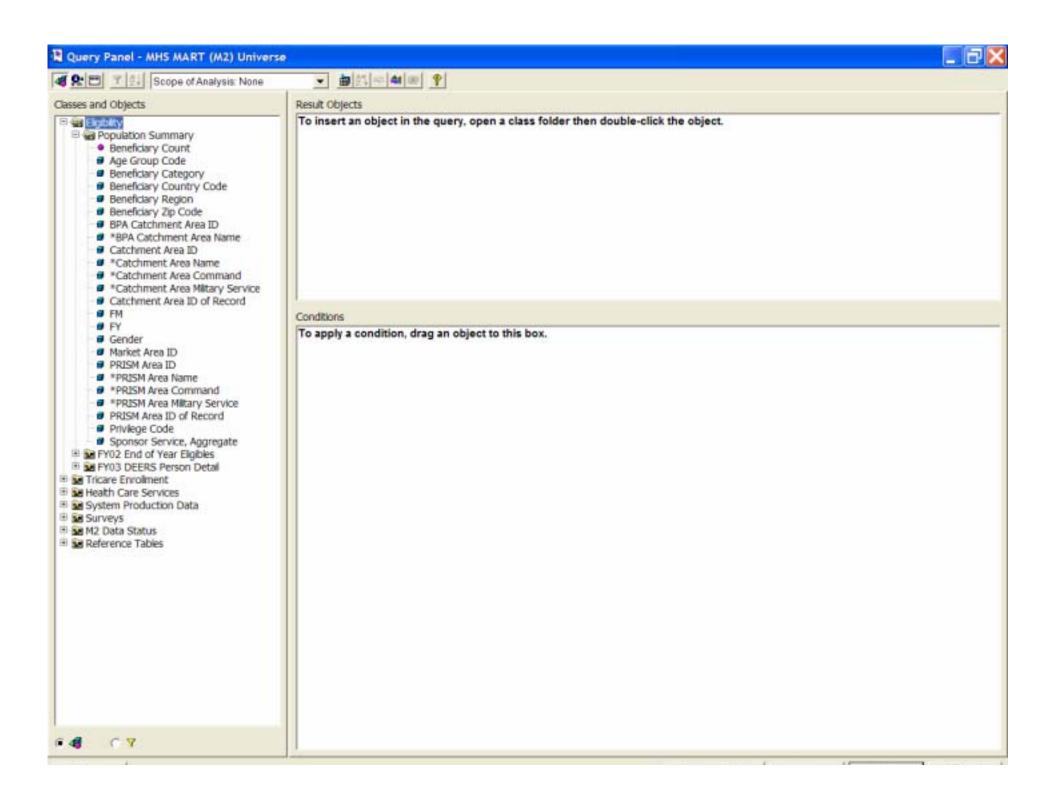






- Eligibility -- Summary file:
 - FY97 forward, monthly data
 - Missing some months from FY00 related to start up of new DEERS system.
- Eligibility -- Detail files:
 - Separate fiscal year files
 - FY02, year end
 - FY03+, all available months







- Fields in the summary file:
 - FY/FM
 - Bencat (AD, Guard, ADFM, Guard FM, Retirees, Retiree FM, Survivors, Others)
 - Location Info: Zip Code, Catchment and PRISM Area, Region, Country
 - Demographics: Age Group Code, Gender and Sponsor Service
 - Privilege Code (DC, CHAMPUS, Medicare)



- Some sample questions you <u>can</u> answer with the summary:
 - How many people live near me?
 - How much has my guard/reserve population grown since 9/11?
 - What is the MHS eligible population in a zip code?
 - How many pediatric-age beneficiaries are there out there?



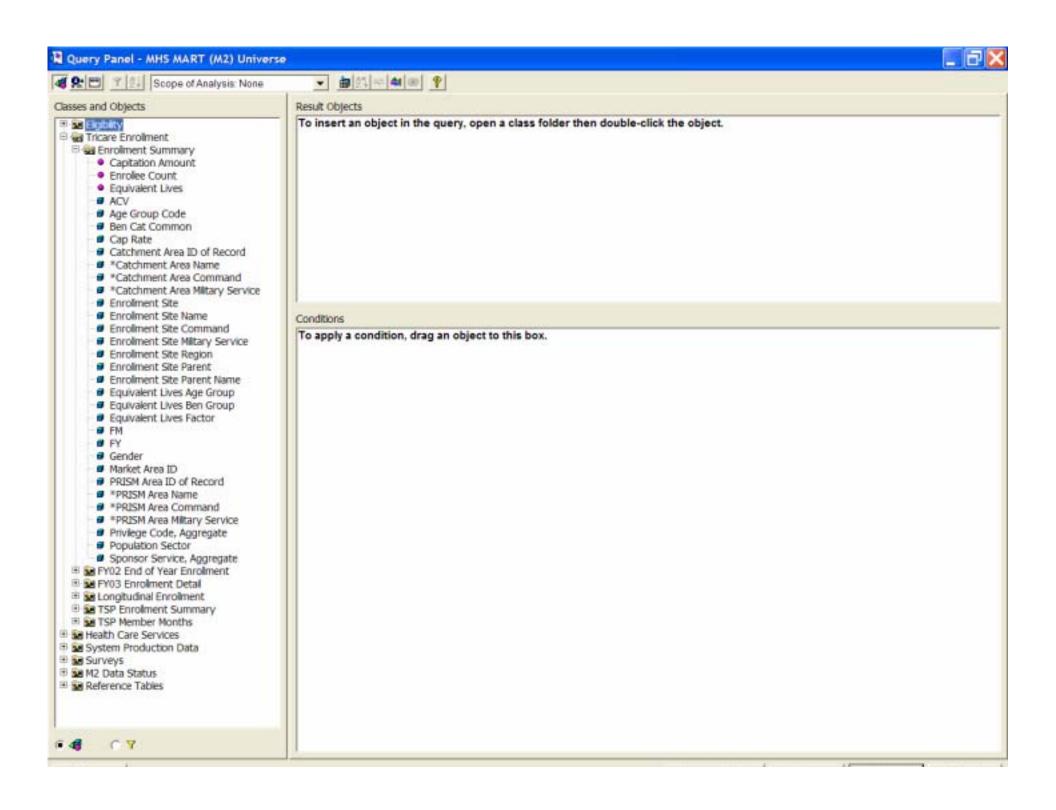
DEERS

- Detail files are available for more specific queries
- Very large files longer run times
- Person level
- More detailed fields
- Unit, Eligibility Data, Person Data (e.g. dob), coming soon: enrollment status
- (Enrollment data also stored in a separate folder)



- Enrollment -- Summary file:
 - FY98 forward, monthly data
 - Many non-standard fields, redesign of file will add new standard content!
- Enrollment -- Detail files:
 - Separate fiscal year files
 - FY02, year end
 - FY03+, all available months







- Fields in the summary file:
 - FY/FM
 - Bencat (non-standard field, incorporates service branch, in a funny way!)
 - Enrollment DMIS ID, Alternate Care Value
 - "Equivalent Lives" categories, counts
 - Enrollment Counts



- Some sample questions you <u>can</u> answer with the summary:
 - Who is enrolled to me? In Prime?
 - How many TRICARE Plus enrollees do I have?
 - How has my enrollment changed over time?
- Details, details:
 - Detail file has person level data and more available fields.

es and Objects

Eligibility

- Tricare Enrollment
- M Health Care Services
- Direct Care
- Network
- Pharmacy
- System Production Data
- Surveys
- M2 Data Status
- Reference Tables

Result Objects

To insert an object in the query, open a class folder then double-click the object.

Health Care Services Folder:

Condit

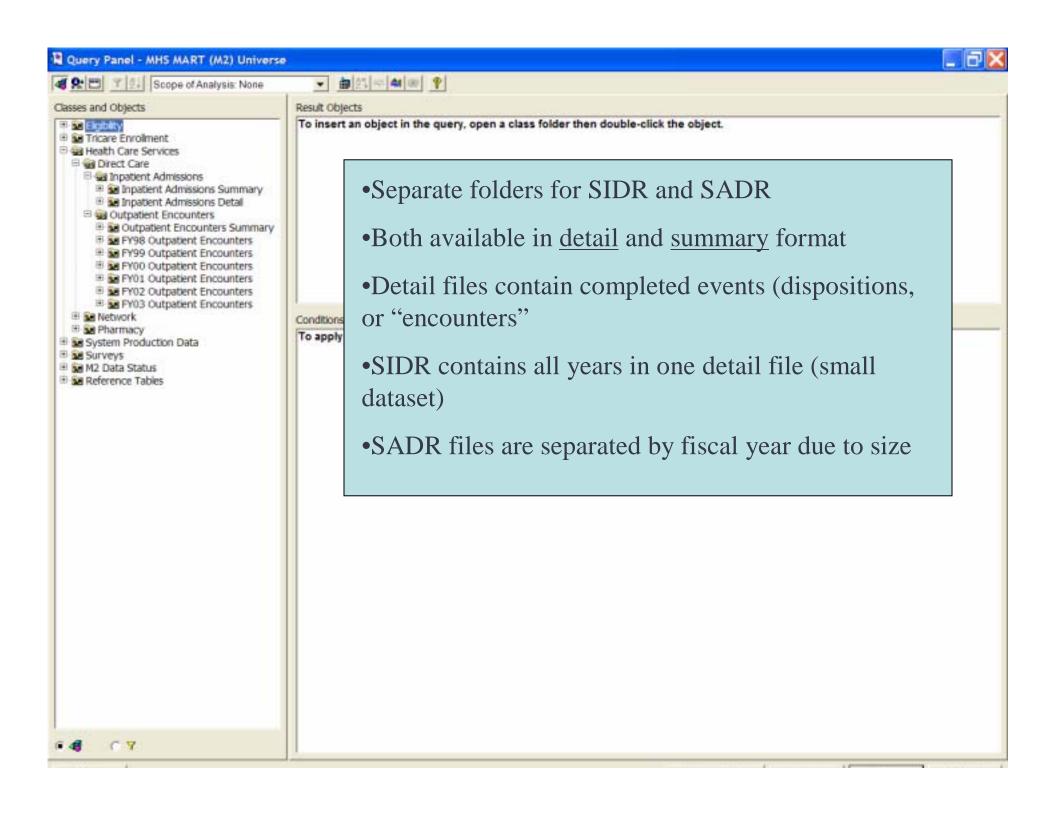
•Records about health care

•Direct Care: SIDR/SADR Records

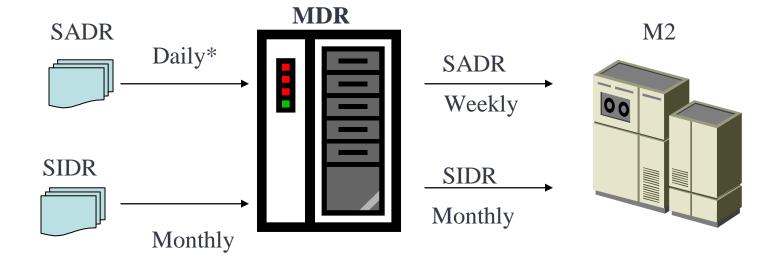
•"Network": HCSR (misnomer, contains all claims, not just network)

•Pharmacy: PDTS

• Detail and Summary files available.







MDR produces extracts for M2. The SIDR files are updated monthly, the SADR files are updated weekly.



Direct Care Data

- •Both SIDR/SADR originate from CHCS -- many common fields
 - -Beneficiary Category, Sponsor Service
 - -Enrollment Data (DMIS ID, ACV)
 - -Zip Code, Catchment Area, PRISM Area, Region
 - -MEPRS Code(s), Diagnosis Codes
 - -Patient Identifiers
 - -Full and Variable Cost Estimates



| Information | SIDR | SADR |
|-----------------|----------|---------------|
| | | |
| Px Codes | ICD-9 CM | CPT |
| | | |
| Classifications | DRG (1) | APG (Many) |
| | | |
| Weights | RWP | APG/RVU |
| | | |
| Provider | | Specialty, ID |



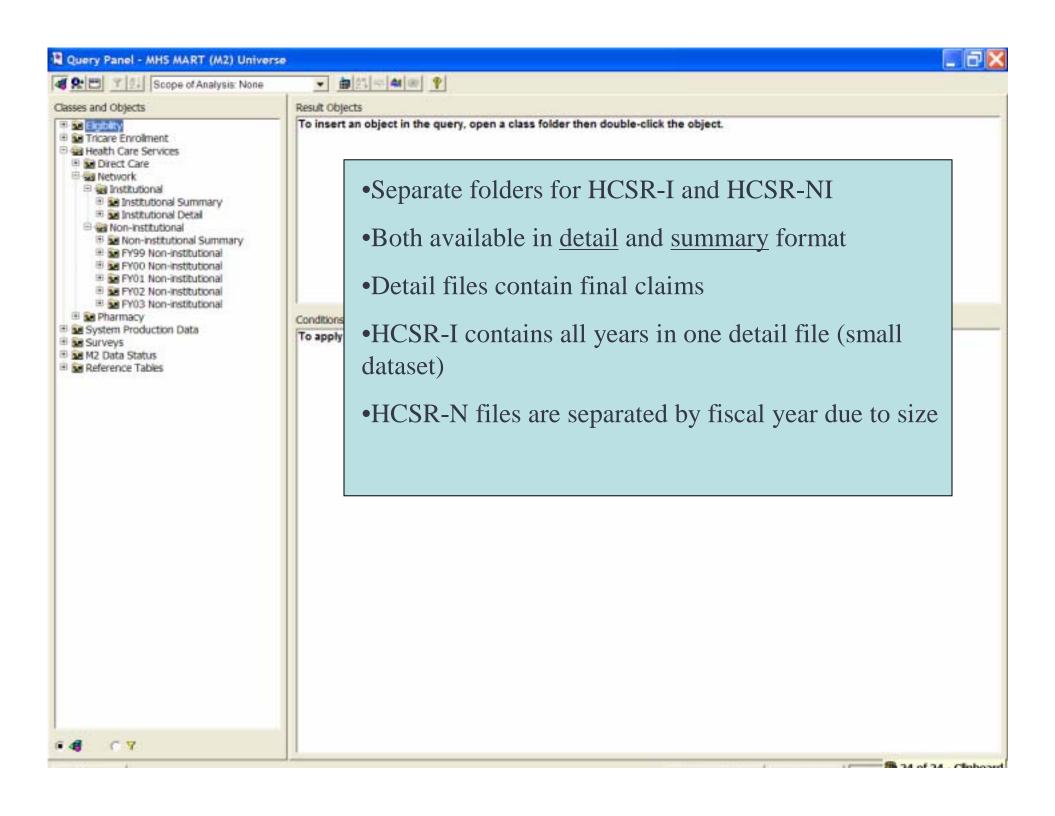
SIDR/SADR

- Some sample questions you <u>can</u> answer with the SIDR/SADR files:
 - What types of services am I providing? To whom? At what cost?
 - Which providers produce the most workload?
 - Am I seeing other MTF's prime, when I could be seeing my own? Where are my patients coming from?



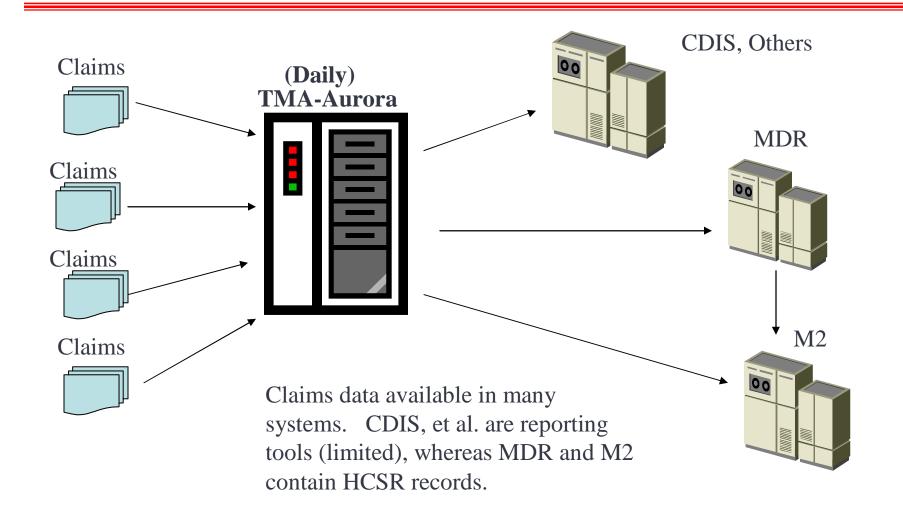
Health Care Services Network

- "Network" file contains TRICARE Claims
- Not limited to those from network providers
- Only final version of claim posted in M2.
- Two types of claims records:
 - Institutional (hosp)
 - Non-Institutional (prof, office vis, rx, etc)
- Not split by inpatient/outpatient, but by who submitted the claim. Some questions require querying both tables!





Claims Data Flow





Claims data

•HCSR Fields

- -Beneficiary Category, Sponsor Service (caution)
- -Enrollment Data (DMIS ID, Enr. Status)
- -Zip Code, Catchment Area, PRISM Area, Region
- –Provider Location/ID
- -Diagnosis Codes
- -Patient Identifiers
- -Cost/Charge Data



HCSR Fields

| Information | HCSR-I | HCSR-NI |
|-----------------|----------|--------------------|
| | | |
| Px Codes | ICD-9 CM | СРТ |
| | | |
| Classifications | DRG (1) | N/A |
| | | |
| Weights | RWP | RVU |
| | | |
| Provider | ID, Zip | ID, Zip, Specialty |



Claims data

- Additional fields are available to help discern types of care/claims:
 - •Special Processing Codes
 - •Place of Service
 - •Type of Service
 - Type of Institution



HCSR

- Some sample questions you <u>can</u> answer with the HCSR files:
 - What's leaking downtown?
 - How much does it cost to buy a service downtown? Are some providers cheaper than others?
 - Are there providers downtown that do particular procedures?
 - Where are my enrollees getting care?



Other Important M2 Data

• Pharmacy Data Transaction Service:



- —Rx records for all DHP funded prescriptions (except paper claims from downtown).
- One record per fill
- Demographics (including enrollment), Provider,
 Drug and Cost Information



PDTS

- Some sample questions you <u>can</u> answer with the PDTS files:
 - Where are my patients coming from? Are my enrollees getting prescriptions filled at my MTF (where it costs me the least)?
 - Of my enrollees with a particular condition (say heart attack patients), who needs a particular prescription



Other M2 Data

- MEPRS Tri-Service Financial data
 - Costs, workload and "staff"
 - Summary data only



- MEPRS Code, Treatment DMIS ID
- Updated monthly





Other M2 Data

- Worldwide Workload Report (WWR)
 - -Monthly MTF workload data
 - -Raw counts



- -Ambulatory: Count Visits
- -MTF, MEPRS Code, Bencat, FY and FM





Coming Soon!

- Next M2 Change Package to include "ODRA" data
 - "Earnings" to be added to SIDR, SADR and PDTS reflecting ODRA value for each record
 - "Capitation rates"
 - Equivalent Lives
- Will allow MTFs to monitor actual earnings compared with capitation rates



RE-CAP of M2

- Many significant files in M2
- Standard reports are there for users who don't want to remember all the tricky business rules
- But users have the flexibility to create their own queries as well!



M2 Re-Cap

- Major benefit in using M2 is it's ability to look across the various sources.....
 - Costs per member per month
 - Utilization rates (disps per 1000 enrollees)
 - Population Health (who needs a beta blocker, etc)
 - What will it cost to send enrollees to another MTF,
 vs. sending downtown....



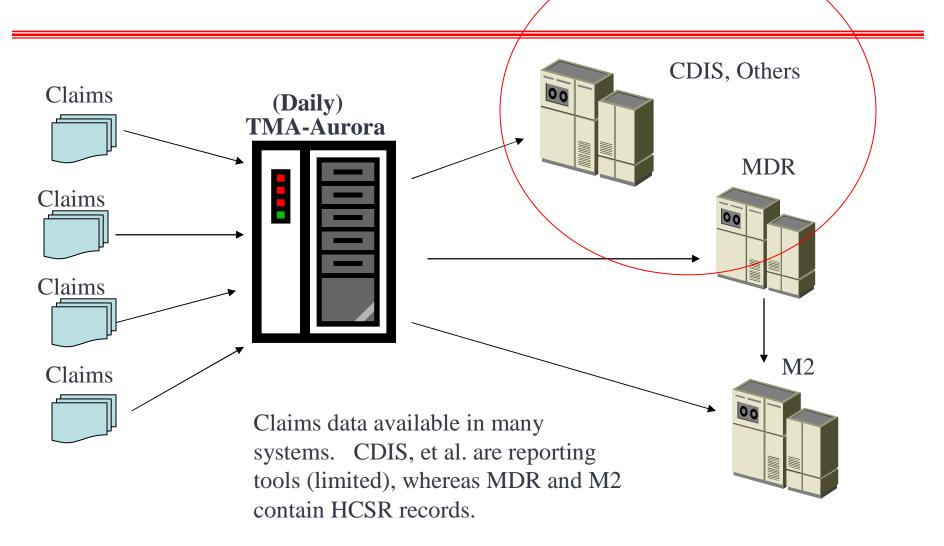
M2 Re-Cap

- Will address most business questions... except....
 - Real time needs (local systems)
 - Very specific questions (local systems/sources)
 - MTF Ancillaries (local systems)
 - Claims Histories





Claims Data Flow





CDIS

- CDIS allows for viewing of <u>individual claims</u> on real time basis
- Includes history of claim while M2 only contains most recent version!
- M2 will allow for reconciliation of most claims (those that weren't adjusted)
- CDIS claim history can help to assess claims where the invoice amounts might be different than data displayed in M2.



CDIS

- HCSR No. (TED No.) assigned by the contractor in claims adjudication process
- Invoices, M2 claims data, and CDIS all use the same "key"
- CDIS doesn't work for querying large numbers of claims! Need to use M2 for that.....



CDIS

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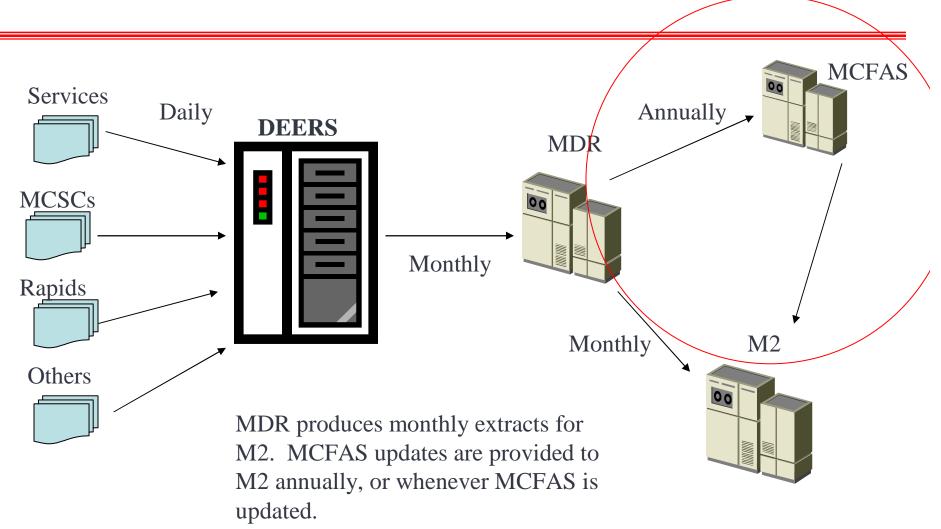


MCFAS

- Managed Care Forecasting Analysis System
- Population projection system
- Built for resource management community
- Primarily intended for budgeting, but used for many purposes
- M2 contains projected MCFAS data also!



DEERS Data Flow





MCFAS

- MCFAS also provides a tool for projecting enrollment
- There are no canned projections, though!
- Users enter information about staffing, etc, and then enrollment capacities are projected



Websites

TMA/RM websites

- Two separate sites
- Being consolidated onto one server
- Provides tools to assist in managing under next generation of contracts!
- Purchased Care visibility reports (EBC Site)
 - Inpatient/Outpatient, Pharmacy, Supp Care and Resource Sharing



Purchased Care Website

- Claims/Invoice reconciliation reports
- https://199.211.84.37/Purchased_care/
- Daily Ad-hoc reporting
 - See all PC costs for patient enrolled at YOUR facility (within 24 hours of receipt of TED info by TMA)
- End-of-month reconciliation
 - Determine amount of expected billings



- Downloadable reconciliation files providing ability to lookup patient level information by claim
- Data represent actual expenditures recorded in TMA
 PC accounting system
 - Costs would be paid by facility if currently operating under TNEX contract methodology



PURCHASED CARE HOME | DMIS ID RC HOME | PRIOR YEAR DATA | DMIS ID DIRECTORY | COMMENTS | EMAIL SUPPORT

DMIS ID RECONCILIATION REPORT - CHILD DMIS ID REPORT

RUN DATE: 07-OCT-2003 - RUN TIME: 04:34

CHILD DMIS ID: 0037

REGIONS: ALL REGIONS PROGRAMS: ALL PROGRAMS

Click on MTF Name for additional drill down



| MONTH | DMIS ID | MTF NAME | BILL TO | TOTAL |
|-------------|---------|---------------------------------|---------|----------------|
| October | 0037 | WALTER REED ARMY MEDICAL CENTER | ARMY | \$166,465.33 |
| November | 0037 | WALTER REED ARMY MEDICAL CENTER | ARMY | \$157,349.21 |
| December | 0037 | WALTER REED ARMY MEDICAL CENTER | ARMY | \$165,428.91 |
| January | 0037 | WALTER REED ARMY MEDICAL CENTER | ARMY | \$111,905.39 |
| February | 0037 | WALTER REED ARMY MEDICAL CENTER | ARMY | \$46,233.11 |
| March | 0037 | WALTER REED ARMY MEDICAL CENTER | ARMY | \$53,388.66 |
| April | 0037 | WALTER REED ARMY MEDICAL CENTER | ARMY | \$133,407.47 |
| May | 0037 | WALTER REED ARMY MEDICAL CENTER | ARMY | \$140,277.74 |
| June | 0037 | WALTER REED ARMY MEDICAL CENTER | ARMY | \$183,917.23 |
| July | 0037 | WALTER REED ARMY MEDICAL CENTER | ARMY | \$145,486.34 |
| August | 0037 | WALTER REED ARMY MEDICAL CENTER | ARMY | \$198,275.86 |
| September | 0037 | WALTER REED ARMY MEDICAL CENTER | ARMY | \$102,688.39 |
| GRAND TOTAL | | | | \$1,604,823.64 |



PURCHASED CARE HOME | DMIS ID RC HOME | PRIOR YEAR DATA | DMIS ID DIRECTORY | COMMENTS | EMAIL SUPPORT

DMIS ID RECONCILIATION REPORT - SUMMARY BY REGION

RUN DATE: 07-OCT-2003 - RUN TIME: 04:35

FOR ACCOUNTING PERIOD: OCTOBER - 2003

PROGRAMS: ALL PROGRAMS REGIONS: ALL REGIONS

FACILITY: WALTER REED ARMY MEDICAL CENTER

DMIS ID: 0037





| DMIS ID | SPONSOR BOS | BENEFICIARY | BILL TO | AMOUNT |
|-------------|---------------------|---------------|---------|--------------|
| 0037 | Army | Active Duty | ARMY | \$91,386.24 |
| 0037 | Army | Family Member | ARMY | \$48,956.76 |
| 0037 | Army | Retiree | ARMY | \$3,950.00 |
| 0037 | Air Force | Active Duty | ARMY | \$508.77 |
| 0037 | Navy | Active Duty | ARMY | \$18,055.80 |
| 0037 | USCG | Active Duty | ARMY | \$22.64 |
| 0037 | PHS | Active Duty | ARMY | \$1,003.76 |
| 0037 | Army National Guard | Active Duty | ARMY | \$2,456.96 |
| 0037 | Air National Guard | Active Duty | ARMY | \$124.40 |
| GRAND TOTAL | | | | \$166,465.33 |

THIS REPORT SHOWS THE TOTAL COST FOR A MTF PER SPONSOR BRANCH OF SERVICE



